

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS <p>(b) County of Residence of First Listed Plaintiff _____ <small>(EXCEPT IN U.S. PLAINTIFF CASES)</small></p> <p>(c) Attorneys (Firm Name, Address, and Telephone Number)</p>		DEFENDANTS <p>County of Residence of First Listed Defendant _____ <small>(IN U.S. PLAINTIFF CASES ONLY)</small></p> <p>NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.</p> <p>Attorneys (If Known)</p>																																																																																																																																																																																																																																																		
II. BASIS OF JURISDICTION (Place an "X" in One Box Only) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding-right: 10px;"><input type="checkbox"/> 1 U.S. Government Plaintiff</td> <td style="width: 50%;"><input type="checkbox"/> 3 Federal Question <i>(U.S. Government Not a Party)</i></td> </tr> <tr> <td style="width: 50%; padding-right: 10px;"><input type="checkbox"/> 2 U.S. Government Defendant</td> <td style="width: 50%;"><input type="checkbox"/> 4 Diversity <i>(Indicate Citizenship of Parties in Item III)</i></td> </tr> </table>		<input type="checkbox"/> 1 U.S. Government Plaintiff	<input type="checkbox"/> 3 Federal Question <i>(U.S. Government Not a Party)</i>	<input type="checkbox"/> 2 U.S. Government Defendant	<input type="checkbox"/> 4 Diversity <i>(Indicate Citizenship of Parties in Item III)</i>	III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding-right: 10px;"><input type="checkbox"/> PTF Citizen of This State</td> <td style="width: 50%;"><input type="checkbox"/> DEF Incorporated or Principal Place of Business In This State</td> <td style="width: 50%; padding-right: 10px;"><input type="checkbox"/> PTF</td> <td style="width: 50%;"><input type="checkbox"/> DEF</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td style="padding-right: 10px;"><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 4</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td style="padding-right: 10px;"><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 3</td> <td style="padding-right: 10px;"><input type="checkbox"/> 6</td> <td><input type="checkbox"/> 6</td> </tr> <tr> <td colspan="2">IV. NATURE OF SUIT (Place an "X" in One Box Only)</td> <td colspan="2"></td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> CONTRACT <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding-right: 10px;"><input type="checkbox"/> 110 Insurance</td> <td style="width: 50%;">PERSONAL INJURY</td> <td style="width: 50%; padding-right: 10px;">PERSONAL INJURY</td> <td style="width: 50%;">FORFEITURE/PENALTY</td> <td style="width: 50%;">BANKRUPTCY</td> <td style="width: 50%;">OTHER STATUTES</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 120 Marine</td> <td><input type="checkbox"/> 310 Airplane</td> <td><input type="checkbox"/> 365 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881</td> <td><input type="checkbox"/> 422 Appeal 28 USC 158</td> <td><input type="checkbox"/> 375 False Claims Act</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 130 Miller Act</td> <td><input type="checkbox"/> 315 Airplane Product Liability</td> <td><input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability</td> <td><input type="checkbox"/> 690 Other</td> <td><input type="checkbox"/> 423 Withdrawal 28 USC 157</td> <td><input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 140 Negotiable Instrument</td> <td><input type="checkbox"/> 320 Assault, Libel & Slander</td> <td><input type="checkbox"/> 330 Federal Employers' Liability</td> <td><input type="checkbox"/> 368 Asbestos Personal Injury Product Liability</td> <td colspan="2" style="background-color: #cccccc; text-align: center;">PROPERTY RIGHTS</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment</td> <td><input type="checkbox"/> 340 Marine</td> <td><input type="checkbox"/> 345 Marine Product Liability</td> <td><input type="checkbox"/> 370 Other Fraud</td> <td><input type="checkbox"/> 820 Copyrights</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 151 Medicare Act</td> <td><input type="checkbox"/> 350 Motor Vehicle</td> <td><input type="checkbox"/> 355 Motor Vehicle Product Liability</td> <td><input type="checkbox"/> 371 Truth in Lending</td> <td><input type="checkbox"/> 830 Patent</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)</td> <td><input type="checkbox"/> 360 Other Personal Injury</td> <td><input type="checkbox"/> 365 Contract Product Liability</td> <td><input type="checkbox"/> 380 Other Personal Property Damage</td> <td><input type="checkbox"/> 840 Trademark</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits</td> <td><input type="checkbox"/> 362 Personal Injury - Medical Malpractice</td> <td><input type="checkbox"/> 366 Product Liability</td> <td><input type="checkbox"/> 385 Property Damage Product Liability</td> <td colspan="2" style="background-color: #cccccc; text-align: center;">LABOR</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 160 Stockholders' Suits</td> <td></td> <td></td> <td><input type="checkbox"/> 710 Fair Labor Standards Act</td> <td><input type="checkbox"/> 861 HIA (1395ff)</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 190 Other Contract</td> <td></td> <td></td> <td><input type="checkbox"/> 720 Labor/Management Relations</td> <td><input type="checkbox"/> 862 Black Lung (923)</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 195 Contract Product Liability</td> <td></td> <td></td> <td><input type="checkbox"/> 740 Railway Labor Act</td> <td><input type="checkbox"/> 863 DIWC/DIWW (405(g))</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 196 Franchise</td> <td></td> <td></td> <td><input type="checkbox"/> 751 Family and Medical Leave Act</td> <td><input type="checkbox"/> 864 SSID Title XVI</td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> REAL PROPERTY </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> CIVIL RIGHTS </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> SOCIAL SECURITY </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 210 Land Condemnation </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 440 Other Civil Rights </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 861 HIA (1395ff) </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 220 Foreclosure </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 441 Voting </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 862 Black Lung (923) </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 230 Rent Lease & Ejectment </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 442 Employment </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 863 DIWC/DIWW (405(g)) </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 240 Torts to Land </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 443 Housing/ Accommodations </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 864 SSID Title XVI </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 245 Tort Product Liability </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 445 Amer. w/Disabilities - Employment </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 865 RSI (405(g)) </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 290 All Other Real Property </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 446 Amer. w/Disabilities - Other </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> FEDERAL TAX SUITS </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 448 Education </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609 </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> V. ORIGIN (Place an "X" in One Box Only) </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> PRISONER PETITIONS </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> IMMIGRATION </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 1 Original Proceeding </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> Habeas Corpus: </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 462 Naturalization Application </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 2 Removed from State Court </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 443 Alien Detainee </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 465 Other Immigration Actions </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 3 Remanded from Appellate Court </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 510 Motions to Vacate Sentence </td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 530 General </td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 535 Death Penalty </td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> Other: </td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 540 Mandamus & Other </td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 550 Civil Rights </td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 555 Prison Condition </td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement </td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> VI. CAUSE OF ACTION </td> <td colspan="4" style="vertical-align: top; padding: 5px;"> Cite the U.S. Civil Statute under which you are filing (<i>Do not cite jurisdictional statutes unless diversity</i>): Brief description of cause: </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> VII. REQUESTED IN COMPLAINT: <i>(See instructions):</i> </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P. </td> <td style="vertical-align: top; padding: 5px;"> DEMAND \$ _____ </td> <td style="vertical-align: top; padding: 5px;"> CHECK YES only if demanded in complaint: JURY DEMAND: <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> VIII. RELATED CASE(S) IF ANY </td> <td style="vertical-align: top; padding: 5px;"> JUDGE _____ </td> <td colspan="3" style="vertical-align: top; padding: 5px;"> DOCKET NUMBER _____ </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> FOR OFFICE USE ONLY </td> <td colspan="4" style="vertical-align: top; padding: 5px;"> DATE _____ SIGNATURE OF ATTORNEY OF RECORD </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> RECEIPT # _____ AMOUNT _____ </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> APPLYING IFF _____ </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> JUDGE _____ MAG. JUDGE _____ </td> </tr> </table> </td></tr></table>		<input type="checkbox"/> PTF Citizen of This State	<input type="checkbox"/> DEF Incorporated or Principal Place of Business In This State	<input type="checkbox"/> PTF	<input type="checkbox"/> DEF	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 6	IV. NATURE OF SUIT (Place an "X" in One Box Only)				CONTRACT <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding-right: 10px;"><input type="checkbox"/> 110 Insurance</td> <td style="width: 50%;">PERSONAL INJURY</td> <td style="width: 50%; padding-right: 10px;">PERSONAL INJURY</td> <td style="width: 50%;">FORFEITURE/PENALTY</td> <td style="width: 50%;">BANKRUPTCY</td> <td style="width: 50%;">OTHER STATUTES</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 120 Marine</td> <td><input type="checkbox"/> 310 Airplane</td> <td><input type="checkbox"/> 365 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881</td> <td><input type="checkbox"/> 422 Appeal 28 USC 158</td> <td><input type="checkbox"/> 375 False Claims Act</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 130 Miller Act</td> <td><input type="checkbox"/> 315 Airplane Product Liability</td> <td><input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability</td> <td><input type="checkbox"/> 690 Other</td> <td><input type="checkbox"/> 423 Withdrawal 28 USC 157</td> <td><input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 140 Negotiable Instrument</td> <td><input type="checkbox"/> 320 Assault, Libel & Slander</td> <td><input type="checkbox"/> 330 Federal Employers' Liability</td> <td><input type="checkbox"/> 368 Asbestos Personal Injury Product Liability</td> <td colspan="2" style="background-color: #cccccc; text-align: center;">PROPERTY RIGHTS</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment</td> <td><input type="checkbox"/> 340 Marine</td> <td><input type="checkbox"/> 345 Marine Product Liability</td> <td><input type="checkbox"/> 370 Other Fraud</td> <td><input type="checkbox"/> 820 Copyrights</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 151 Medicare Act</td> <td><input type="checkbox"/> 350 Motor Vehicle</td> <td><input type="checkbox"/> 355 Motor Vehicle Product Liability</td> <td><input type="checkbox"/> 371 Truth in Lending</td> <td><input type="checkbox"/> 830 Patent</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)</td> <td><input type="checkbox"/> 360 Other Personal Injury</td> <td><input type="checkbox"/> 365 Contract Product Liability</td> <td><input type="checkbox"/> 380 Other Personal Property Damage</td> <td><input type="checkbox"/> 840 Trademark</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits</td> <td><input type="checkbox"/> 362 Personal Injury - Medical Malpractice</td> <td><input type="checkbox"/> 366 Product Liability</td> <td><input type="checkbox"/> 385 Property Damage Product Liability</td> <td colspan="2" style="background-color: #cccccc; text-align: center;">LABOR</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 160 Stockholders' Suits</td> <td></td> <td></td> <td><input type="checkbox"/> 710 Fair Labor Standards Act</td> <td><input type="checkbox"/> 861 HIA (1395ff)</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 190 Other Contract</td> <td></td> <td></td> <td><input type="checkbox"/> 720 Labor/Management Relations</td> <td><input type="checkbox"/> 862 Black Lung (923)</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 195 Contract Product Liability</td> <td></td> <td></td> <td><input type="checkbox"/> 740 Railway Labor Act</td> <td><input type="checkbox"/> 863 DIWC/DIWW (405(g))</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 196 Franchise</td> <td></td> <td></td> <td><input type="checkbox"/> 751 Family and Medical Leave Act</td> <td><input type="checkbox"/> 864 SSID Title XVI</td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> REAL PROPERTY </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> CIVIL RIGHTS </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> SOCIAL SECURITY </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 210 Land Condemnation </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 440 Other Civil Rights </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 861 HIA (1395ff) </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 220 Foreclosure </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 441 Voting </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 862 Black Lung (923) </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 230 Rent Lease & Ejectment </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 442 Employment </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 863 DIWC/DIWW (405(g)) </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 240 Torts to Land </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 443 Housing/ Accommodations </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 864 SSID Title XVI </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 245 Tort Product Liability </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 445 Amer. w/Disabilities - Employment </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 865 RSI (405(g)) </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 290 All Other Real Property </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 446 Amer. w/Disabilities - Other </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> FEDERAL TAX SUITS </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 448 Education </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609 </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> V. ORIGIN (Place an "X" in One Box Only) </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> PRISONER PETITIONS </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> IMMIGRATION </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 1 Original Proceeding </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> Habeas Corpus: </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 462 Naturalization Application </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 2 Removed from State Court </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 443 Alien Detainee </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 465 Other Immigration Actions </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 3 Remanded from Appellate Court </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 510 Motions to Vacate Sentence </td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 530 General </td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 535 Death Penalty </td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> Other: </td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 540 Mandamus & Other </td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 550 Civil Rights </td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 555 Prison Condition </td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement </td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> VI. CAUSE OF ACTION </td> <td colspan="4" style="vertical-align: top; padding: 5px;"> Cite the U.S. Civil Statute under which you are filing (<i>Do not cite jurisdictional statutes unless diversity</i>): Brief description of cause: </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> VII. REQUESTED IN COMPLAINT: <i>(See instructions):</i> </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P. </td> <td style="vertical-align: top; padding: 5px;"> DEMAND \$ _____ </td> <td style="vertical-align: top; padding: 5px;"> CHECK YES only if demanded in complaint: JURY DEMAND: <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> VIII. RELATED CASE(S) IF ANY </td> <td style="vertical-align: top; padding: 5px;"> JUDGE _____ </td> <td colspan="3" style="vertical-align: top; padding: 5px;"> DOCKET NUMBER _____ </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> FOR OFFICE USE ONLY </td> <td colspan="4" style="vertical-align: top; padding: 5px;"> DATE _____ SIGNATURE OF ATTORNEY OF RECORD </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> RECEIPT # _____ AMOUNT _____ </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> APPLYING IFF _____ </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> JUDGE _____ MAG. JUDGE _____ </td> </tr> </table>		<input type="checkbox"/> 110 Insurance	PERSONAL INJURY	PERSONAL INJURY	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 365 Personal Injury - Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881	<input type="checkbox"/> 422 Appeal 28 USC 158	<input type="checkbox"/> 375 False Claims Act	<input type="checkbox"/> 130 Miller Act	<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability	<input type="checkbox"/> 690 Other	<input type="checkbox"/> 423 Withdrawal 28 USC 157	<input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))	<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 320 Assault, Libel & Slander	<input type="checkbox"/> 330 Federal Employers' Liability	<input type="checkbox"/> 368 Asbestos Personal Injury Product Liability	PROPERTY RIGHTS		<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 340 Marine	<input type="checkbox"/> 345 Marine Product Liability	<input type="checkbox"/> 370 Other Fraud	<input type="checkbox"/> 820 Copyrights	<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 350 Motor Vehicle	<input type="checkbox"/> 355 Motor Vehicle Product Liability	<input type="checkbox"/> 371 Truth in Lending	<input type="checkbox"/> 830 Patent	<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)	<input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> 365 Contract Product Liability	<input type="checkbox"/> 380 Other Personal Property Damage	<input type="checkbox"/> 840 Trademark	<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits	<input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 366 Product Liability	<input type="checkbox"/> 385 Property Damage Product Liability	LABOR		<input type="checkbox"/> 160 Stockholders' Suits			<input type="checkbox"/> 710 Fair Labor Standards Act	<input type="checkbox"/> 861 HIA (1395ff)	<input type="checkbox"/> 190 Other Contract			<input type="checkbox"/> 720 Labor/Management Relations	<input type="checkbox"/> 862 Black Lung (923)	<input type="checkbox"/> 195 Contract Product Liability			<input type="checkbox"/> 740 Railway Labor Act	<input type="checkbox"/> 863 DIWC/DIWW (405(g))	<input type="checkbox"/> 196 Franchise			<input type="checkbox"/> 751 Family and Medical Leave Act	<input type="checkbox"/> 864 SSID Title XVI	REAL PROPERTY		CIVIL RIGHTS		SOCIAL SECURITY		<input type="checkbox"/> 210 Land Condemnation		<input type="checkbox"/> 440 Other Civil Rights		<input type="checkbox"/> 861 HIA (1395ff)		<input type="checkbox"/> 220 Foreclosure		<input type="checkbox"/> 441 Voting		<input type="checkbox"/> 862 Black Lung (923)		<input type="checkbox"/> 230 Rent Lease & Ejectment		<input type="checkbox"/> 442 Employment		<input type="checkbox"/> 863 DIWC/DIWW (405(g))		<input type="checkbox"/> 240 Torts to Land		<input type="checkbox"/> 443 Housing/ Accommodations		<input type="checkbox"/> 864 SSID Title XVI		<input type="checkbox"/> 245 Tort Product Liability		<input type="checkbox"/> 445 Amer. w/Disabilities - Employment		<input type="checkbox"/> 865 RSI (405(g))		<input type="checkbox"/> 290 All Other Real Property		<input type="checkbox"/> 446 Amer. w/Disabilities - Other		FEDERAL TAX SUITS				<input type="checkbox"/> 448 Education		<input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant)						<input type="checkbox"/> 871 IRS—Third Party 26 USC 7609		V. ORIGIN (Place an "X" in One Box Only)		PRISONER PETITIONS		IMMIGRATION		<input type="checkbox"/> 1 Original Proceeding		Habeas Corpus:		<input type="checkbox"/> 462 Naturalization Application		<input type="checkbox"/> 2 Removed from State Court		<input type="checkbox"/> 443 Alien Detainee		<input type="checkbox"/> 465 Other Immigration Actions		<input type="checkbox"/> 3 Remanded from Appellate Court		<input type="checkbox"/> 510 Motions to Vacate Sentence						<input type="checkbox"/> 530 General						<input type="checkbox"/> 535 Death Penalty						Other:						<input type="checkbox"/> 540 Mandamus & Other						<input type="checkbox"/> 550 Civil Rights						<input type="checkbox"/> 555 Prison Condition						<input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement				VI. CAUSE OF ACTION		Cite the U.S. Civil Statute under which you are filing (<i>Do not cite jurisdictional statutes unless diversity</i>): Brief description of cause:				VII. REQUESTED IN COMPLAINT: <i>(See instructions):</i>		<input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.		DEMAND \$ _____	CHECK YES only if demanded in complaint: JURY DEMAND: <input type="checkbox"/> Yes <input type="checkbox"/> No	VIII. RELATED CASE(S) IF ANY		JUDGE _____	DOCKET NUMBER _____			FOR OFFICE USE ONLY		DATE _____ SIGNATURE OF ATTORNEY OF RECORD				RECEIPT # _____ AMOUNT _____		APPLYING IFF _____		JUDGE _____ MAG. JUDGE _____	
<input type="checkbox"/> 1 U.S. Government Plaintiff	<input type="checkbox"/> 3 Federal Question <i>(U.S. Government Not a Party)</i>																																																																																																																																																																																																																																																			
<input type="checkbox"/> 2 U.S. Government Defendant	<input type="checkbox"/> 4 Diversity <i>(Indicate Citizenship of Parties in Item III)</i>																																																																																																																																																																																																																																																			
<input type="checkbox"/> PTF Citizen of This State	<input type="checkbox"/> DEF Incorporated or Principal Place of Business In This State	<input type="checkbox"/> PTF	<input type="checkbox"/> DEF																																																																																																																																																																																																																																																	
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 4																																																																																																																																																																																																																																																	
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 5																																																																																																																																																																																																																																																	
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 6																																																																																																																																																																																																																																																	
IV. NATURE OF SUIT (Place an "X" in One Box Only)																																																																																																																																																																																																																																																				
CONTRACT <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding-right: 10px;"><input type="checkbox"/> 110 Insurance</td> <td style="width: 50%;">PERSONAL INJURY</td> <td style="width: 50%; padding-right: 10px;">PERSONAL INJURY</td> <td style="width: 50%;">FORFEITURE/PENALTY</td> <td style="width: 50%;">BANKRUPTCY</td> <td style="width: 50%;">OTHER STATUTES</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 120 Marine</td> <td><input type="checkbox"/> 310 Airplane</td> <td><input type="checkbox"/> 365 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881</td> <td><input type="checkbox"/> 422 Appeal 28 USC 158</td> <td><input type="checkbox"/> 375 False Claims Act</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 130 Miller Act</td> <td><input type="checkbox"/> 315 Airplane Product Liability</td> <td><input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability</td> <td><input type="checkbox"/> 690 Other</td> <td><input type="checkbox"/> 423 Withdrawal 28 USC 157</td> <td><input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 140 Negotiable Instrument</td> <td><input type="checkbox"/> 320 Assault, Libel & Slander</td> <td><input type="checkbox"/> 330 Federal Employers' Liability</td> <td><input type="checkbox"/> 368 Asbestos Personal Injury Product Liability</td> <td colspan="2" style="background-color: #cccccc; text-align: center;">PROPERTY RIGHTS</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment</td> <td><input type="checkbox"/> 340 Marine</td> <td><input type="checkbox"/> 345 Marine Product Liability</td> <td><input type="checkbox"/> 370 Other Fraud</td> <td><input type="checkbox"/> 820 Copyrights</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 151 Medicare Act</td> <td><input type="checkbox"/> 350 Motor Vehicle</td> <td><input type="checkbox"/> 355 Motor Vehicle Product Liability</td> <td><input type="checkbox"/> 371 Truth in Lending</td> <td><input type="checkbox"/> 830 Patent</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)</td> <td><input type="checkbox"/> 360 Other Personal Injury</td> <td><input type="checkbox"/> 365 Contract Product Liability</td> <td><input type="checkbox"/> 380 Other Personal Property Damage</td> <td><input type="checkbox"/> 840 Trademark</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits</td> <td><input type="checkbox"/> 362 Personal Injury - Medical Malpractice</td> <td><input type="checkbox"/> 366 Product Liability</td> <td><input type="checkbox"/> 385 Property Damage Product Liability</td> <td colspan="2" style="background-color: #cccccc; text-align: center;">LABOR</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 160 Stockholders' Suits</td> <td></td> <td></td> <td><input type="checkbox"/> 710 Fair Labor Standards Act</td> <td><input type="checkbox"/> 861 HIA (1395ff)</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 190 Other Contract</td> <td></td> <td></td> <td><input type="checkbox"/> 720 Labor/Management Relations</td> <td><input type="checkbox"/> 862 Black Lung (923)</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 195 Contract Product Liability</td> <td></td> <td></td> <td><input type="checkbox"/> 740 Railway Labor Act</td> <td><input type="checkbox"/> 863 DIWC/DIWW (405(g))</td> </tr> <tr> <td style="padding-right: 10px;"><input type="checkbox"/> 196 Franchise</td> <td></td> <td></td> <td><input type="checkbox"/> 751 Family and Medical Leave Act</td> <td><input type="checkbox"/> 864 SSID Title XVI</td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> REAL PROPERTY </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> CIVIL RIGHTS </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> SOCIAL SECURITY </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 210 Land Condemnation </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 440 Other Civil Rights </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 861 HIA (1395ff) </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 220 Foreclosure </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 441 Voting </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 862 Black Lung (923) </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 230 Rent Lease & Ejectment </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 442 Employment </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 863 DIWC/DIWW (405(g)) </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 240 Torts to Land </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 443 Housing/ Accommodations </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 864 SSID Title XVI </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 245 Tort Product Liability </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 445 Amer. w/Disabilities - Employment </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 865 RSI (405(g)) </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 290 All Other Real Property </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 446 Amer. w/Disabilities - Other </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> FEDERAL TAX SUITS </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 448 Education </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609 </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> V. ORIGIN (Place an "X" in One Box Only) </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> PRISONER PETITIONS </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> IMMIGRATION </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 1 Original Proceeding </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> Habeas Corpus: </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 462 Naturalization Application </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 2 Removed from State Court </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 443 Alien Detainee </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 465 Other Immigration Actions </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 3 Remanded from Appellate Court </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 510 Motions to Vacate Sentence </td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 530 General </td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 535 Death Penalty </td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> Other: </td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 540 Mandamus & Other </td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 550 Civil Rights </td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 555 Prison Condition </td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement </td> <td colspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> VI. CAUSE OF ACTION </td> <td colspan="4" style="vertical-align: top; padding: 5px;"> Cite the U.S. Civil Statute under which you are filing (<i>Do not cite jurisdictional statutes unless diversity</i>): Brief description of cause: </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> VII. REQUESTED IN COMPLAINT: <i>(See instructions):</i> </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P. </td> <td style="vertical-align: top; padding: 5px;"> DEMAND \$ _____ </td> <td style="vertical-align: top; padding: 5px;"> CHECK YES only if demanded in complaint: JURY DEMAND: <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> VIII. RELATED CASE(S) IF ANY </td> <td style="vertical-align: top; padding: 5px;"> JUDGE _____ </td> <td colspan="3" style="vertical-align: top; padding: 5px;"> DOCKET NUMBER _____ </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> FOR OFFICE USE ONLY </td> <td colspan="4" style="vertical-align: top; padding: 5px;"> DATE _____ SIGNATURE OF ATTORNEY OF RECORD </td> </tr> <tr> <td colspan="2" style="vertical-align: top; padding: 5px;"> RECEIPT # _____ AMOUNT _____ </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> APPLYING IFF _____ </td> <td colspan="2" style="vertical-align: top; padding: 5px;"> JUDGE _____ MAG. JUDGE _____ </td> </tr> </table>		<input type="checkbox"/> 110 Insurance	PERSONAL INJURY	PERSONAL INJURY	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 365 Personal Injury - Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881	<input type="checkbox"/> 422 Appeal 28 USC 158	<input type="checkbox"/> 375 False Claims Act	<input type="checkbox"/> 130 Miller Act	<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability	<input type="checkbox"/> 690 Other	<input type="checkbox"/> 423 Withdrawal 28 USC 157	<input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))	<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 320 Assault, Libel & Slander	<input type="checkbox"/> 330 Federal Employers' Liability	<input type="checkbox"/> 368 Asbestos Personal Injury Product Liability	PROPERTY RIGHTS		<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 340 Marine	<input type="checkbox"/> 345 Marine Product Liability	<input type="checkbox"/> 370 Other Fraud	<input type="checkbox"/> 820 Copyrights	<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 350 Motor Vehicle	<input type="checkbox"/> 355 Motor Vehicle Product Liability	<input type="checkbox"/> 371 Truth in Lending	<input type="checkbox"/> 830 Patent	<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)	<input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> 365 Contract Product Liability	<input type="checkbox"/> 380 Other Personal Property Damage	<input type="checkbox"/> 840 Trademark	<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits	<input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 366 Product Liability	<input type="checkbox"/> 385 Property Damage Product Liability	LABOR		<input type="checkbox"/> 160 Stockholders' Suits			<input type="checkbox"/> 710 Fair Labor Standards Act	<input type="checkbox"/> 861 HIA (1395ff)	<input type="checkbox"/> 190 Other Contract			<input type="checkbox"/> 720 Labor/Management Relations	<input type="checkbox"/> 862 Black Lung (923)	<input type="checkbox"/> 195 Contract Product Liability			<input type="checkbox"/> 740 Railway Labor Act	<input type="checkbox"/> 863 DIWC/DIWW (405(g))	<input type="checkbox"/> 196 Franchise			<input type="checkbox"/> 751 Family and Medical Leave Act	<input type="checkbox"/> 864 SSID Title XVI	REAL PROPERTY		CIVIL RIGHTS		SOCIAL SECURITY		<input type="checkbox"/> 210 Land Condemnation		<input type="checkbox"/> 440 Other Civil Rights		<input type="checkbox"/> 861 HIA (1395ff)		<input type="checkbox"/> 220 Foreclosure		<input type="checkbox"/> 441 Voting		<input type="checkbox"/> 862 Black Lung (923)		<input type="checkbox"/> 230 Rent Lease & Ejectment		<input type="checkbox"/> 442 Employment		<input type="checkbox"/> 863 DIWC/DIWW (405(g))		<input type="checkbox"/> 240 Torts to Land		<input type="checkbox"/> 443 Housing/ Accommodations		<input type="checkbox"/> 864 SSID Title XVI		<input type="checkbox"/> 245 Tort Product Liability		<input type="checkbox"/> 445 Amer. w/Disabilities - Employment		<input type="checkbox"/> 865 RSI (405(g))		<input type="checkbox"/> 290 All Other Real Property		<input type="checkbox"/> 446 Amer. w/Disabilities - Other		FEDERAL TAX SUITS				<input type="checkbox"/> 448 Education		<input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant)						<input type="checkbox"/> 871 IRS—Third Party 26 USC 7609		V. ORIGIN (Place an "X" in One Box Only)		PRISONER PETITIONS		IMMIGRATION		<input type="checkbox"/> 1 Original Proceeding		Habeas Corpus:		<input type="checkbox"/> 462 Naturalization Application		<input type="checkbox"/> 2 Removed from State Court		<input type="checkbox"/> 443 Alien Detainee		<input type="checkbox"/> 465 Other Immigration Actions		<input type="checkbox"/> 3 Remanded from Appellate Court		<input type="checkbox"/> 510 Motions to Vacate Sentence						<input type="checkbox"/> 530 General						<input type="checkbox"/> 535 Death Penalty						Other:						<input type="checkbox"/> 540 Mandamus & Other						<input type="checkbox"/> 550 Civil Rights						<input type="checkbox"/> 555 Prison Condition						<input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement				VI. CAUSE OF ACTION		Cite the U.S. Civil Statute under which you are filing (<i>Do not cite jurisdictional statutes unless diversity</i>): Brief description of cause:				VII. REQUESTED IN COMPLAINT: <i>(See instructions):</i>		<input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.		DEMAND \$ _____	CHECK YES only if demanded in complaint: JURY DEMAND: <input type="checkbox"/> Yes <input type="checkbox"/> No	VIII. RELATED CASE(S) IF ANY		JUDGE _____	DOCKET NUMBER _____			FOR OFFICE USE ONLY		DATE _____ SIGNATURE OF ATTORNEY OF RECORD				RECEIPT # _____ AMOUNT _____		APPLYING IFF _____		JUDGE _____ MAG. JUDGE _____																													
<input type="checkbox"/> 110 Insurance	PERSONAL INJURY	PERSONAL INJURY	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES																																																																																																																																																																																																																																															
<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 365 Personal Injury - Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881	<input type="checkbox"/> 422 Appeal 28 USC 158	<input type="checkbox"/> 375 False Claims Act																																																																																																																																																																																																																																															
<input type="checkbox"/> 130 Miller Act	<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability	<input type="checkbox"/> 690 Other	<input type="checkbox"/> 423 Withdrawal 28 USC 157	<input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))																																																																																																																																																																																																																																															
<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 320 Assault, Libel & Slander	<input type="checkbox"/> 330 Federal Employers' Liability	<input type="checkbox"/> 368 Asbestos Personal Injury Product Liability	PROPERTY RIGHTS																																																																																																																																																																																																																																																
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 340 Marine	<input type="checkbox"/> 345 Marine Product Liability	<input type="checkbox"/> 370 Other Fraud	<input type="checkbox"/> 820 Copyrights																																																																																																																																																																																																																																																
<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 350 Motor Vehicle	<input type="checkbox"/> 355 Motor Vehicle Product Liability	<input type="checkbox"/> 371 Truth in Lending	<input type="checkbox"/> 830 Patent																																																																																																																																																																																																																																																
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)	<input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> 365 Contract Product Liability	<input type="checkbox"/> 380 Other Personal Property Damage	<input type="checkbox"/> 840 Trademark																																																																																																																																																																																																																																																
<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits	<input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 366 Product Liability	<input type="checkbox"/> 385 Property Damage Product Liability	LABOR																																																																																																																																																																																																																																																
<input type="checkbox"/> 160 Stockholders' Suits			<input type="checkbox"/> 710 Fair Labor Standards Act	<input type="checkbox"/> 861 HIA (1395ff)																																																																																																																																																																																																																																																
<input type="checkbox"/> 190 Other Contract			<input type="checkbox"/> 720 Labor/Management Relations	<input type="checkbox"/> 862 Black Lung (923)																																																																																																																																																																																																																																																
<input type="checkbox"/> 195 Contract Product Liability			<input type="checkbox"/> 740 Railway Labor Act	<input type="checkbox"/> 863 DIWC/DIWW (405(g))																																																																																																																																																																																																																																																
<input type="checkbox"/> 196 Franchise			<input type="checkbox"/> 751 Family and Medical Leave Act	<input type="checkbox"/> 864 SSID Title XVI																																																																																																																																																																																																																																																
REAL PROPERTY		CIVIL RIGHTS		SOCIAL SECURITY																																																																																																																																																																																																																																																
<input type="checkbox"/> 210 Land Condemnation		<input type="checkbox"/> 440 Other Civil Rights		<input type="checkbox"/> 861 HIA (1395ff)																																																																																																																																																																																																																																																
<input type="checkbox"/> 220 Foreclosure		<input type="checkbox"/> 441 Voting		<input type="checkbox"/> 862 Black Lung (923)																																																																																																																																																																																																																																																
<input type="checkbox"/> 230 Rent Lease & Ejectment		<input type="checkbox"/> 442 Employment		<input type="checkbox"/> 863 DIWC/DIWW (405(g))																																																																																																																																																																																																																																																
<input type="checkbox"/> 240 Torts to Land		<input type="checkbox"/> 443 Housing/ Accommodations		<input type="checkbox"/> 864 SSID Title XVI																																																																																																																																																																																																																																																
<input type="checkbox"/> 245 Tort Product Liability		<input type="checkbox"/> 445 Amer. w/Disabilities - Employment		<input type="checkbox"/> 865 RSI (405(g))																																																																																																																																																																																																																																																
<input type="checkbox"/> 290 All Other Real Property		<input type="checkbox"/> 446 Amer. w/Disabilities - Other		FEDERAL TAX SUITS																																																																																																																																																																																																																																																
		<input type="checkbox"/> 448 Education		<input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant)																																																																																																																																																																																																																																																
				<input type="checkbox"/> 871 IRS—Third Party 26 USC 7609																																																																																																																																																																																																																																																
V. ORIGIN (Place an "X" in One Box Only)		PRISONER PETITIONS		IMMIGRATION																																																																																																																																																																																																																																																
<input type="checkbox"/> 1 Original Proceeding		Habeas Corpus:		<input type="checkbox"/> 462 Naturalization Application																																																																																																																																																																																																																																																
<input type="checkbox"/> 2 Removed from State Court		<input type="checkbox"/> 443 Alien Detainee		<input type="checkbox"/> 465 Other Immigration Actions																																																																																																																																																																																																																																																
<input type="checkbox"/> 3 Remanded from Appellate Court		<input type="checkbox"/> 510 Motions to Vacate Sentence																																																																																																																																																																																																																																																		
		<input type="checkbox"/> 530 General																																																																																																																																																																																																																																																		
		<input type="checkbox"/> 535 Death Penalty																																																																																																																																																																																																																																																		
		Other:																																																																																																																																																																																																																																																		
		<input type="checkbox"/> 540 Mandamus & Other																																																																																																																																																																																																																																																		
		<input type="checkbox"/> 550 Civil Rights																																																																																																																																																																																																																																																		
		<input type="checkbox"/> 555 Prison Condition																																																																																																																																																																																																																																																		
		<input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement																																																																																																																																																																																																																																																		
VI. CAUSE OF ACTION		Cite the U.S. Civil Statute under which you are filing (<i>Do not cite jurisdictional statutes unless diversity</i>): Brief description of cause:																																																																																																																																																																																																																																																		
VII. REQUESTED IN COMPLAINT: <i>(See instructions):</i>		<input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.		DEMAND \$ _____	CHECK YES only if demanded in complaint: JURY DEMAND: <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																																																																																																															
VIII. RELATED CASE(S) IF ANY		JUDGE _____	DOCKET NUMBER _____																																																																																																																																																																																																																																																	
FOR OFFICE USE ONLY		DATE _____ SIGNATURE OF ATTORNEY OF RECORD																																																																																																																																																																																																																																																		
RECEIPT # _____ AMOUNT _____		APPLYING IFF _____		JUDGE _____ MAG. JUDGE _____																																																																																																																																																																																																																																																

CERTIFICATION OF ARBITRATION ELIGIBILITY

Local Arbitration Rule 83.10 provides that with certain exceptions, actions seeking money damages only in an amount not in excess of \$150,000, exclusive of interest and costs, are eligible for compulsory arbitration. The amount of damages is presumed to be below the threshold amount unless a certification to the contrary is filed.

Case is Eligible for Arbitration

I, _____, counsel for _____, do hereby certify that the above captioned civil action is ineligible for compulsory arbitration for the following reason(s):

monetary damages sought are in excess of \$150,000, exclusive of interest and costs,
the complaint seeks injunctive relief,
the matter is otherwise ineligible for the following reason

DISCLOSURE STATEMENT - FEDERAL RULES CIVIL PROCEDURE 7.1

Identify any parent corporation and any publicly held corporation that owns 10% or more or its stocks:

RELATED CASE STATEMENT (Section VIII on the Front of this Form)

Please list all cases that are arguably related pursuant to Division of Business Rule 50.3.1 in Section VIII on the front of this form. Rule 50.3.1 (a) provides that "A civil case is "related" to another civil case for purposes of this guideline when, because of the similarity of facts and legal issues or because the cases arise from the same transactions or events, a substantial saving of judicial resources is likely to result from assigning both cases to the same judge and magistrate judge." Rule 50.3.1 (b) provides that " A civil case shall not be deemed "related" to another civil case merely because the civil case: (A) involves identical legal issues, or (B) involves the same parties." Rule 50.3.1 (c) further provides that "Presumptively, and subject to the power of a judge to determine otherwise pursuant to paragraph (d), civil cases shall not be deemed to be "related" unless both cases are still pending before the court."

NY-E DIVISION OF BUSINESS RULE 50.1(d)(2)

- 1.) Is the civil action being filed in the Eastern District removed from a New York State Court located in Nassau or Suffolk County? Yes No

2.) If you answered "no" above:

a) Did the events or omissions giving rise to the claim or claims, or a substantial part thereof, occur in Nassau or Suffolk County? Yes No

b) Did the events or omissions giving rise to the claim or claims, or a substantial part thereof, occur in the Eastern District? Yes No

c) If this is a Fair Debt Collection Practice Act case, specify the County in which the offending communication was received:

If your answer to question 2 (b) is "No," does the defendant (or a majority of the defendants, if there is more than one) reside in Nassau or Suffolk County, or, in an interpleader action, does the claimant (or a majority of the claimants, if there is more than one) reside in Nassau or Suffolk County? Yes No

(Note: A corporation shall be considered a resident of the County in which it has the most significant contacts).

BAR ADMISSION

I am currently admitted in the Eastern District of New York and currently a member in good standing of the bar of this court.

Yes _____ No _____

Are you currently the subject of any disciplinary action (s) in this or any other state or federal court?

Yes (If yes, please explain) _____ No _____

I certify the accuracy of all information provided above.

Signature: /s/Richard Liebowitz